CENTRAL FAX CENTER

NOV 1 & (2705) Approved for use through 07/31/2005. ONB 0651-0032

			AND UD DOWNERS THE WAR	wised to telepond to a contaction	of information unload	h displays a vend	OMB control number
FEET TRANSMITTAL for FY 2006				into to reshord to a confection of information unless it displays a valid OMB control number Complete If Known			
				Application Number	10/518,226		
				Filing Date	December 18, 2004		
				First Named Inventor	Gerl Christenson		
ł				Examiner Name	Christine Tri		
Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUN	TOTAL AMOUNT OF PAYMENT (\$) 400.00			Art Unit	2138		
		00	Afforney Docket No.	PU020288			
METHOD OF PAYMEN	NT (check all that appl		DMER NUMB	ER: 24498			
Check	Credit card	Money O	rder	None [Other (pleas	e identiful:	
	fee(s) indicated any additional t	account, the [below ee(s) or upo	Director is hereby	Deposit Account Na authorized to: (chec	me: <u>TH</u> k all that apply s) indicated b	OMSON LIC	CENSING INC.
WARNING: Informati	er 37 CFR 1.16	and 1.17	de Commence de	IALLIPOD SOVA	U01011		
FEE CALCULATIO	N (All the face by	036.	ic. Credit card im	ormation should not b	e included on th	ls form. Prov	lde credit card
1. BASIC FILING	EARCH AND	now are que	upon filing or n	nay be subject to a	surcharge.)		
1. BASIC FILING, S	FILING FEE	(AMINATION S		. 5-1-0			
A	Sn	all Entity	SEARCH	Small Entity	EXAMINATI		
Application Type Utility		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small E Fee (\$)	
Design	300	150	500	260	200	100	Fees Pald (\$)
Plant	200 200	100	100	50	130	65	
Reissue	300	100	300	150	160	80	
Provisional	200	150 100	500	250	600	300	
2 EVOTOO		100	0	0	0	0	
2. EXCESS CLAIM F Fee Description	EES					6	
ach claim over 20 (including Reissues)					Fee (S	<u>Şmali E</u>	<u>mity</u> <u>Fee (</u> \$)
ech independent claim over 3 (Including Reissues)							25
Aultiple dependent claims					200 100		100
30 Extra Claims Fee (\$) Fe				e Paid (\$)	360 180		
HP = highest number of total claims paid for, if greater than 20.					Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
		n Angaret (UED)	20.			•	- ce + plu (3)
ndependent Claims	Extra C	laims	Fee (\$)	ee Paid (\$)			
P = highest number of in	ndependent claims o	aid for if green	\$200.00 = (<u> </u>			
APPLICATION SIZ	FEEE	and love in Great	er man 3.				
the specification and	drawings avocad	100 obs	4				1
the specification and stings under 37 CFR heets or fraction there	1.52(e)), the appli of. See 35 U.S.C	Cation size fe	n paper (excludin e due is \$250 (\$1 and 37 CFR 1 18	g electronically filed . 25 for small entity) to	sequence or co or each addition	mputer nal 50	
tal Sheets	Extra Sheets			(0).			[
· 100 =		i0 =		lonal 50 or fraction to a whole number)		Fee (\$)	Fee Pald (\$)
OTHER FEE(S)					-		~
on-English Specificati	on, \$130 fee (no s	mall entity di	scount)				Fees Paid (\$)
ner (e.g., late filing surcharge): FEE FOR ADDITIONAL 8 DEPENDENT CLAIMS \$400.00							
MITTED BY							
		Renu	ration No.				
ne (Prim/Type) B	rjan J. Dorini	(Ahom	ey/Agent)	43,594	Telephone	(809) 734-	6817
farit Di							
Collection of informations -equinod by 37 CFFH 136. The uncompation is required to obtain or reach a benefit by the number which is not a collection to contain the property of the property o						November 14, 2006	

CUSTOMER NO.: 24498 Serial No.: 10/518,226

Office Action dated: 09/29/06 Response dated: 11/14/06

RECEIVED CENTRAL FAX CENTER NOV 1 4 2006

PATENT PU020288

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Carl Christensen

Serial No.:

10/518,226

Filed:

December 16, 2004

For:

METHOD OF FORWARD ERROR CORRECTION

Examiner:

Christine Trinh Le Tu

Art Unit:

2138

AMENDMENT AND RESPONSE

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action dated September 29, 2006, please amend the above-identified application and enter Remarks/Arguments as follows:

Listing and Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 2 of this paper.

11/16/2006 EFLORES 00000075 070832 10518226

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